

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000049340

1. Entity Name
SPORTS ZONE, INC.

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90414 011 ***150.00

Principal Place of Business

3988 HIGHWAY 90 WEST
MARIANNA FL 32446

Mailing Address

3988 HIGHWAY 90 WEST
MARIANNA FL 32446

2. Principal Place of Business

3988 Highway 90 West
Suite, Apt. #, etc.

3. Mailing Address

3988 Highway 90 West
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MARIANNA FL

City & State

MARIANNA, FL

4. FEI Number

59-3580614

Applied For

Not Applicable

Zip

32446

Country

JACKSON

Zip

32446

Country

JACKSON

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAMILTON, BOBBY R
4003 WEST LAFAYETTE STREET
MARIANNA FL 32446

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Bobby R Hamilton

Bobby R Hamilton

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME HAMILTON, BOBBY R
STREET ADDRESS 4003 WEST LAFAYETTE ST.
CITY-ST-ZIP MARIANNA FL 32446

TITLE SD ☐ Delete
NAME HAMILTON, ELOUISE H
STREET ADDRESS 4003 WEST LAFAYETTE ST.
CITY-ST-ZIP MARIANNA FL 32446

TITLE VPD ☐ Delete
NAME HATCHER, BRANDON
STREET ADDRESS 1011 HIGHWAY 69
CITY-ST-ZIP GRAND RIDGE FL 32442

TITLE VPD ☒ Delete
NAME PARKER, PAUL KEITH
STREET ADDRESS 597 PINWOOD LANE
CITY-ST-ZIP SALE CITY GA 31784

TITLE TD ☒ Delete
NAME PARKER, CHERYL
STREET ADDRESS 597 PINWOOD LANE
CITY-ST-ZIP SALE CITY GA 31784

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME T.D.
STREET ADDRESS STACROWICZ FRANK A.
CITY-ST-ZIP 5726 TROPICAL LANE
GREENWOOD FL 32443

TITLE ☐ Change ☒ Addition
NAME ~~Rhodes Eddie~~
STREET ADDRESS ~~2920 SONSET DRIVE~~ OMIT
CITY-ST-ZIP ~~MARIANNA FL 32448~~

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Bobby R Hamilton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/01

Date

850-482-6330

Daytime Phone #

CR2E034 (10/00)